

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED DEC 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37685

State File No.

Registration District No. 24

Primary Registration District No. 4018

Registrar's No.

1. PLACE OF DEATH

- (a) County Audrain
(b) City or town Ladonia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

- (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home
(Specify whether years, months or days) 55 years
In this community

3. (a) FULL NAME FEEDING ANDREW TALBOTT.

3. (b) If veteran, name war — 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 9 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 7 If less than one day min.

9. Birthplace Perry Co Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Andrew Doniphant Talbott

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clarence Stevens

- (b) Address Push Hill Mo.

17. (a) Burial (b) Date thereof Nov 18-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Ladonia Mo.

18. (a) Signature of funeral director H. G. Grainger

- (b) Address Ladonia Mo.

19. (a) 11-18-1941 (b) W. K. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Audrain
(c) City or town Ladonia
(If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 4 1941 to Nov 16 1941
that I last saw him alive on Nov 16 1941
and that death occurred on the date and hour stated above.

- Immediate cause of death Coronary occlusion Duration 1 wk

- Due to Chronic Myocarditis 2 mo.

- Due to advanced age

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations 93d

- Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? (Specify type of place) (e) Means of injury

23. Signature W. K. Moore (M. D. or other) DO.

- Address Ladonia Mo. Date signed 11-17-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

H. A. Granger

Registered Apprentice No.

working under my personal supervision.

Signed

H. A. Granger

Licensed Embalmer No.

1297

P. O. Address

Ladonia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.